Approved For Release 2000/05/03 : CIA-RDP64-00360R000400120077-1

Standard Form No. 1034—Revised
Form prescribed by
Comptroller General
September 7, 1950
(Gen. Reg. No. 51, Supp. No. 11)
(Amended February 20, 1952)

D. O. Vou. No. _____

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

423

Bu. Vou. No. _____

U. S. COST REIMBURSABLE
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

PAID BY
SAPG 9707
COPY 1 OF 2

THE UNITED STATES, Dr., *Payee's Account No.* _____

To _____
(Payee)

_____
(Address) (City) (State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE Cost	UNIT PRICE Per	AMOUNT Dollars	AMOUNT Cts.
		Costs				9,479	48
		Use continuation sheet(s) if necessary			Total	$9,479	48

PAYMENT:
Complete ☐
Partial ☐
Final ☐

Shipped from _____ to _____ Weight _____ Government B/L No. _____

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

Differences _____

Amount verified; correct for _____ 9,479 48

(Signature or initials) _____

Date _____ only)

[redacted] STATINTL

_____ bills)

Title _____

Contra[redacted]te Req. No. Date Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for $ [redacted] Tra

By [redacted]

Title _____

SIGN ORIGINAL ONLY

† [redacted] 10/10/56

Title [redacted] 10/11/56

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

STATINTL STATINTL STATINTL STATINTL

Paid by { Check No. _____ dated _____, 19____, for $_____ } { on Treasurer of the United States in favor of payee named above.

Cash, $_____, on _____, 19____. Payee _____ (Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for $_____", and

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Title _____

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Standard Form No. 1035a (Revised)
Form prescribed by
Comptroller General, U. S.
September 7, 1950
(Gen. Reg. No. 51, Supp. No. 11)

Public Voucher for Purchases and Services Other Than Personal

MEMORANDUM

CONTINUATION SHEET

U. S. COST REIMBURSABLE (Department, bureau, or establishment) Sheet No. ____ of Bureau Voucher No. 423

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT PRICE Cost	UNIT PRICE Per	AMOUNT Dollars	AMOUNT Cts.
		Contract AlOl - System I					
		Direct Costs Properly Chargeable to Contract AlOl for the period 9/10/56 thru 9/16/56				STATINTL [redacted]	
		Labor Week Ending September 16, 1956					
STATINTL		Overhead computed for Communications Division at interim rate of [redacted]					
STATINTL		Other Costs - per schedule attached	5,720	65			
		JV # 086123	36	00			
		JV # 076115	(115	64)			
		JV # 086207	895	92		6,536	93 ✓
		Total Labor, Overhead and Other Costs				[redacted]	
STATINTL		G & A expense computed at interim rate of [redacted]					
		Total Costs				$ 9,479	48 ✓
						STATINTL	

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BW - 11002 (4-56)

OK 8773

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☐ CHARGE DISTRIBUTION CLEARING LIST
☐ DETAIL DIRECT DISTRIBUTION
☐ DETAIL INDIRECT DISTRIBUTION
☐ SUMMARY DIRECT POSTING JOURNAL
☐ SUMMARY INDIRECT POSTING JOURNAL FOR OPERATING DIVISIONS
☐ SUMMARY INDIRECT P FOR NON-OPERATING

ACCOU

COST CENTER MAJ	INT	SUB	DATE MO	DAY	YR	CHECK NUMBER	PAYEE'S (ABBREV.) NAME	PURCHASE ORDER OR INVOICE NUMBER
25	40	00	09	11	6	174	WAVELINE	528971
25	40	00	09	13	6	190	ASSEM ENGR	512559
25	40	00	09	12	6	185	R V WEATHER	529350
25	40	00	09	12	6	185	R V WEATHER	529350
25	40	00	09	11	6	167	N HOLLY TOOL	528275
25	40	00	09	11	6	172	TEXAS	512661
25	40	00	09	11	6	172	TEXAS	512661
25	40	00	09	13	6	211	LYTON	529165
25	40	00	09	13	6	211	LYTON	529165
25	40	00	09	10	6	90	ASCO	529379
25	40	00	09	10	6	153	WALL ELEC	529352
25	40	00	09	10	6	98	CBS HYTRON	528973

FORM NO. 1421 THE STANDARD REGISTER CO. - PACIFIC DIVISION OAKLAND LOS ANGELES

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W/E 9/16/56 DATE — 1 PAGE

OSTING JOURNAL DIVISIONS

REPORT NO.

RECEIVING REPORT NUMBER	C.E. CODE	CHARGE DISTRIBUTION ACCOUNT	M.J.O.	S. O.	WORK ORDER	DISTRIBUTION AMOUNT	
1	5	12700	5041	1		1 24 1 76	
24861	5	12700	5041	1		33140	
						1 57 3 16	-
						1 57 3 16	*
						1 57 3 16	* -
1	5	12700	5041	2		66 80	
	5	12700	5041	2		668	-
9541	5	12700	5041	2		29 70	
22256	5	12700	5041	2		4 36 1 50	
	5	12700	5041	2		97200	-
11534	5	12700	5041	2		248 75	
	5	12700	5041	2		1492	-
1	5	12700	5041	2		7332	
1	5	12700	5041	2		26088	
						4 04 7 35	-
						4 04 7 35	*
						4 04 7 35	* -
10337	5	12700	5041	4		2514	
						2514	-
						2514	*
						2514	* -
					page 1	5 645 65	
					" 2	75 00	
					Total	5 720 65	✓
					JV # 086123	36 00	✓
					JV # 076115	(115 64)	
					JV # 086207	895 92	
					Total Other Costs	$ 6 536 93	✓
						5 645 65	

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RW - T1002 (4-66)

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ACCOUN

COST CENTER			DATE			CHECK NUMBER	PAYEE'S (ABBREV.) NAME	PURCHASE ORDER OR INVOICE NUMBER
MAJ	INT	SUB	MO	DAY	YR			
25	40	00	09	10	6	148	THERM/O/N	529008

FORM NO. 1421 THE STANDARD REGISTER CO. - PACIFIC DIVISION OAKLAND LOS ANGELES

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VISIONS

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☐ ADJUSTMENTS
☐

W/E 9/14/56 DATE — 2 PAGE

REPORT NO.

RECEIVING REPORT NUMBER	C.E. CODE	CHARGE DISTRIBUTION				DISTRIBUTION AMOUNT
		ACCOUNT	M.J.O.	S. O.	WORK ORDER	
10407	5	12700	5061	2		7500 7500 7500 7500 75 00

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